

Inpatient Forensic Data Report

Facility: _____

Facility Code: _____

Chart # (if applicable)

Chart # (if applicable)

Defendant Last Name

(PLEASE PRINT

First Name

MI

Soc. Sec. # - -

Date of Birth: / /
mm / dd / yr

Age:

☐ Race: 1=White/Caucasian 2=African American 3=American Indian
4=Alaskan Native 5=Asian 6=Other _____

Sex: Male ☐ Female ☐

Request: 1=Competency Only 4=Incompetent & Committable 7=NGRI Indefinite Commitment
 2=Insanity Only 5=Competent but Committable 8=Diminished Capacity
 3=Competency & Insanity 6=30-60 Day NGRI 9=Comp, Ins, & DC

☐ Court: 1=Criminal 3= General Sessions
2=Circuit 4=Other

County of Committing Court: _____

☐ Nature of Crime: 1=Capital 2=Violent Felony 3= Violent Felony: Sex Offense
 4= Non-violent Felony 5= Misdemeanor

Specify Charge(s): _____

/ / Date Court Order Received
 mm / dd / yr

/ / Admission Date
mm / dd / yr

Legal Status: _____

Discharge Date

□□/□□/□□ Date Letter Sent to the Court

CMHC Previously Providing Forensic Evaluation: _____

Pre-admission Contact by CMHC ☐ Yes ☐ No

-OUTCOME

Diagnosis: Axis I _____
 Axis II _____
 Axis III _____

Axis IV _____
Axis V _____

Competent: ☐

Insanity: ☐

1=Yes, CMHC follow-up	7=Deferred
2=Yes, No CMHC follow-up	8=N/A
3=No, Residential Treatment	9=N/A, Discharged from Elopement
4=No, CMHC Treatment	A=N/A, Charges Dropped
5=No, Mentally Retarded	B= Yes, Committable
6=No, Committable	

1=Yes	4=Deferred
2=No	5=N/A, Charges Dropped
3=N/A	6=N/A, Discharged from Elopement

Committable: ☐

1=Yes, Mentally Ill	4=No
2=Yes, Mentally Retarded	5=No, Mentally Retarded
3=Yes, Transfer to another facility	6=No, NGRI MOT

7=No, Civil MOT
8=No, Mental Health
9=No, Refer to Residential Treatment

Referral To (MH provider) ☐ Yes ☐ No

Name: _____

Referral To (MR provider) ☐ Yes ☐ No

Name: _____